

2/01/08 3:44:23
BK 577 PG 612
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

12/05/07 2:50:19
BK 574 PG 157
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

SHEILA S. BURKETT

TO

CLAIR E. COX, III

WARRANTY DEED

GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, SHEILA S. BURKETT, does hereby sell, convey and warrant unto CLAIR E. COX, III, the land lying and being situated in **DeSoto** County, Mississippi, more particularly described as follows, to-wit:

Lots 423 and 424, Section "D", Buena Vista Lakes Subdivision, in Sections 13 and 14, Township 3 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 5, Pages 40-43, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to subdivision and zoning regulations in DeSoto County, Mississippi, rights of way and easements for public roads and public utilities, and restrictive covenants for said subdivision.

It is understood and agreed that the taxes for the year 2007 have been prorated as of this date on an estimated basis only and when said taxes are actually determined, if the proration is incorrect then Grantor(s) agree to pay Grantee(s) or their assigns any deficiency and likewise Grantee(s) agree to pay Grantor(s) or their assigns any amount overpaid.

By way of explanation, Clyde M. Burkett is now deceased evidenced by attached death certificate.

By way of explanation, Aileen Thompson has Power of Attorney for Sheila S. Burkett evidenced by attached Power of Attorney.

Possession to take place upon closing.

Ready

8

BK 574 PG 158

BK 577 PG 613

WITNESS MY SIGNATURE this the 30th day of November, 2007.

Aileen Thompson

AILEEN THOMPSON AS ATTORNEY IN FACT FOR
SHEILA S. BURKETT

STATE OF North Carolina
COUNTY OF Mecklenburg

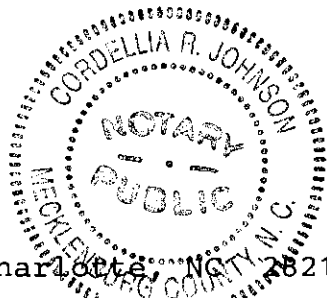
THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named AILEEN THOMPSON as Attorney-in-Fact for Sheila S. Burkett, who acknowledged that he/she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned as his/her free and voluntary act and deed after being duly authorized to do so.

GIVEN UNDER MY HAND and official seal of office this the 30 day of November, 2007.

Cordellia R. Johnson
NOTARY PUBLIC

MY COMMISSION EXPIRES:

My Commission Expires May 2, 2010
(Seal)



GRANTOR(S) ADDRESS: 1543 Brookdale Ave., Charlotte, NC 28210
HOME PHONE: (704) 556-0001 WORK PHONE: N/A

GRANTEE(S) ADDRESS: 2558 Oakshire, Hernando, MS 38632
HOME PHONE: N/A WORK PHONE: (901) 268-4641

Prepared by and return to:
George B. Ready
P.O. Box 127
Hernando, MS 38632
(662) 429-7088

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 574 PG 159

BK 577 PG 614

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH		STATE FILE NUMBER	
DECEASED		JUL 02 2007		STATE OF MISSISSIPPI		1207-013076	
		1. NAME First Middle Last		2. SEX		3a. HOUR OF DEATH 3b. DATE OF DEATH (Month, Day, Year)	
		Clyde Mallard Burkett, Jr.		Male		7:14p. m. June 21, 2007	
		4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		6. DATE OF BIRTH (Month, Day, Year) 7a. COUNTY OF DEATH	
		White		64		Sept. 5, 1942 Desoto	
		7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in city, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA 8. STATE OF BIRTH	
		Hernando		1262 Thunderbird Drive N.		Residence AL	
		9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name) 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
		Elem/High School, College (0-12) 12 (14-5+)		Married		Sheila Starnes Yes	
		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done, most of working life) 15b. KIND OF BUSINESS OR INDUSTRY	
		American		419-50-1322		Station Agent Northwest Airlines	
		16a. RESIDENCE-STATE		16b. COUNTY		16c. CITY OR TOWN 16d. INSIDE CITY LIMITS (Specify Yes or No) 16e. STREET AND NUMBER OR RURAL LOCATION	
		MS		Desoto		Hernando 1262 Thunderbird Dr. N.	
PARENTS		17. FATHER-NAME First Middle Last		18. MOTHER-NAME First Middle Maiden			
		Clyde Mallard Burkett, Sr.		Mattie Wease Ward			
INFORMANT		19a. INFORMANT-NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		Sheila Burkett		1262 Thunderbird Dr. N. Hernando, MS 38632			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY-NAME		20c. LOCATION (City and State) 21a. EMBALMER-SIGNATURE AND NUMBER	
		Cremation		Memphis Service Center		Memphis, TN	
		21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		Hernando Funeral Home 17S		P.O. Box 810 Hernando, MS 38632			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour) (AT)	
		Billy Baldwin DCMET		ON June 21, 2007		AT 7:55p. m.	
CERTIFIER		23a. CERTIFIER-NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		Jeffery Pounders		4942 Pounders Rd. Nesbit, MS 38651			
Mississippi State Board of Health Form No. 511 Revised 1-1-89		24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated:		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER	
		SIGNATURE		SIGNATURE		24d. TITLE	
						Desoto County Coroner	
		24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24f. DATE SIGNED (Month, Day, Year)		24g. DATE SIGNED (Month, Day, Year)	
				June 27, 2007			
CAUSE OF DEATH		25. PART I: DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only):		Interval between onset and death	
		(a) ASCD					
		(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death	
		(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death	
		(d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):				Interval between onset and death	
		26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
				No		Yes	
		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.	
		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. LOCATION Street or route number City or town State			
		29f. INJURY AT WORK (Yes or No)		29g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			
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DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT I, SHEILA STARNES BURKETT, presently residing at 1262 Thunderbird Drive, Hernando, MS, do hereby appoint for me and in my name and stead, as my Attorney-in-Fact, my best friend, Aileen R. Thompson, to ask, demand, sue for, collect, recover, and receive all sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands whatsoever as are now and shall hereafter become lawful ways and means in my name or otherwise, and to compromise and agree for the same, and acquittances or other sufficient discharges for the same, for me and in my name, and to make, seal and deliver, to bargain, contract, agree for, buy, sell, draw checks, mortgage, hypothecate, and in any and every way and manner deal in and with cash, goods, merchandise, stocks and bonds, chooses in action and other property, real and personal, in possession or in action and to release mortgagees on lands or chattels and to make, do and transact all and every kind of business of whatsoever nature and kind, and to sign federal and state income tax returns, and declaration of estimated federal income tax returns. Also, to bargain, contract, agree for, purchase, receive and take lands, tenements, hereditaments and accept the seizing and possession of all lands and all deeds and other assurances, and to lease, let, demise, bargain, sell, release, convey, mortgage and hypothecate lands, tenements and hereditaments, upon such terms and conditions and under such covenants, as the said designee shall think fit and also for me and in my name and as my act and deed to sign, seal, execute and deliver and acknowledge such deeds, leases and assignments of leases, covenants, indentures, agreements, mortgages, hypothecates, bills, bonds, notes, receipts, evidences of debt, releases and satisfaction of mortgages, judgments and other debts, and such other instruments in writing of whatsoever kind or nature, including

specifically the execution of checks for payment of bills and debts incurred by me, as may be necessary or proper in the premises; also to have access to any safe deposit box in my name and to draw checks and withdrawals on any bank and/or savings and loan association where I may have funds on deposit to my credit. I also grant to said designee the proxy to vote the shares of stock I own in any company. Giving and granting unto the said Aileen R. Thompson, full power and authority to do and perform any and every act and thing whatsoever requisite and necessary to be done in and about the premises, including expressly the power to make gifts in my name to persons other than HERSELF, as fully to all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that the said Aileen R. Thompson, shall lawfully do or cause to be done by virtue of these presents.

This Power of Attorney shall not be affected by my subsequent disability or incapacity and shall continue to be exercisable notwithstanding my subsequent disability or incapacity .

Further, moreover in the event of my mental or physical incapacity, my acting Attorney-in-Fact shall be fully authorized to make any and all health care decisions, regarding my health care, treatment, and the expenditures of funds for medical expenses, treatments and needs.

However, with regard to any and all Powers of Attorney granted (and this provision shall govern and supersede any other such provision), if there is no reasonable expectation of my recovery from extreme physical and/or mental disability, or illness or injury, I direct and require that I be allowed to die of natural causes and not be kept alive by artificial means or heroic measures.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2 day of
August, 2007.

Sheila S Burkett
SHEILA STARNES BURKETT

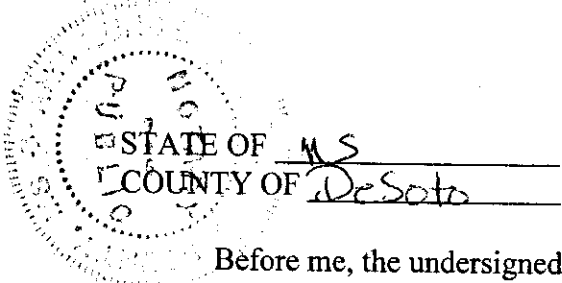
I declare under penalty of perjury that the person who signed or acknowledged this document is personally known to me to be SHEILA STARNES BURKETT, that SHEILA STARNES BURKETT, signed this Durable Power of Attorney in my presence, that SHEILA STARNES BURKETT, appeared to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as Attorney-in-Fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a health care institution nor an employee of a health care institution, that I am not related to SHEILA STARNES BURKETT by blood, marriage, or adoption, that, to the best of my knowledge, I do not, at the present time, have a claim against any portion of the estate of SHEILA STARNES BURKETT upon HER death; and that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will or codicil thereto now existing, or by the operation of law.

Sam Qandly
WITNESS

529 Kristy Lane
ADDRESS
Southaven, MS 38671

Sheryl Warkhan
WITNESS

PO Box 266 Leedsburg, AL 35983
ADDRESS



Before me, the undersigned authority, on this 2nd day of August, 2007, personally appeared SHEILA STARNES BURKETT, James Donnelly, and Cheryl Hartshorn, known to me to be the Declarant and the witnesses, respectively, whose names are signed to the foregoing instrument, and who, in the presence of each other did subscribe their names to the attached Durable Power of Attorney on this date, and that the said Declarant at the time of execution of said Power was over the age of eighteen (18) years and of sound mind and under no duress, fraud, or undue influence.

[Signature]
NOTARY PUBLIC

My Commission Expires: 9/14/07

MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT 14 2007
BONDED THRU STEGALL NOTARY SERVICE
(Seal)

WARNING TO PERSON EXECUTING THIS DOCUMENT

This is an important legal document. Before executing this document you should know these important facts.

This document gives the person you designate as your agent (the Attorney-in-Fact) the power to make health care decisions for you. Your agent must act consistently with your desires as stated in this document.

Except as you otherwise specify in this document, this document gives your agent the power to consent to your doctor not giving treatment or stopping treatment necessary to keep you alive.

Notwithstanding this document, you have the right to make medical and other health care decisions for yourself so long as you can give informed consent with respect to the particular decision. In addition, no treatment may be given to you over your objection, and health care necessary to keep you alive may not be stopped or withheld if you object at the time.

This document gives your agent authority to consent, to refuse to consent, or to withdraw consent to any care, treatment, service, or procedure to maintain, diagnose or treat a physical or mental condition. This power is subject to any limitations that you include in this document. You may state in this document any types of treatment that you do not desire. In addition, a court can take away the power of your agent to make health care decisions for you if your agent: (1) authorizes anything that is illegal; or (2) acts contrary to your desires as stated in this document.

You have the right to revoke the authority of your agent by notifying your agent or your treating physician, hospital or other health care provider orally or in writing of the revocation.

Your agent has the right to examine your medical records and to consent to their disclosure unless you limit this right in this document.

Unless you otherwise specify in this document, this document gives your agent the power after you die: (1) authorize an autopsy; (2) donate your body or parts thereof for transplant or therapeutic or educational or scientific purposes; and (3) direct the disposition of your remains.

If there is anything in this document that you do not understand you should ask an Attorney to explain it to you.

STATEMENT OF LEGAL COUNSEL

I am an Attorney authorized to practice law in the State where this power of attorney was executed, and the principal was my client at the time this power of attorney was executed. I have advised my client concerning my client's rights in connection with this Power of Attorney and the applicable law, and the consequences of signing or not signing this Power of Attorney, and my client, after being so advised, has executed this Durable Power of Attorney for health care.

LEGAL COUNSEL

Attorney